

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **9/670106**

FILING DATE

APPLICANT(S)

CLAIMS

	10/23/03		4/2/04			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		6		6		
29						
30						
31						
32						
33						
34						
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43	1		1			
44		1		1		
45		1		1		
46		1		1		
47						
48						
49						
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	10/23/03		4/2/04			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4		3			
TOTAL DEP.	22		19			
TOTAL CLAIMS	26		22			